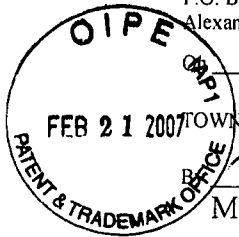


I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
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1FW/

PATENT  
Attorney Docket No.: 015662-002100US  
Client Reference No.: DMI-28



TOWNSEND and TOWNSEND and CREW LLP

Mark T. Davis

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John Lim, John N. Shell, and  
Jenny Louie-Helm

Application No.: 10/623,481

Filed: July 18, 2003

For: DUAL DRUG DOSAGE FORMS  
WITH IMPROVED SEPARATION OF  
DRUGS

Examiner: Young, Micah Paul

Art Unit: 1618

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER  
37 CFR §1.97 and §1.98

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

02/23/2007 WASFAW1 00000015 201430 10623481


01 FC:1806 180.00 DA

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

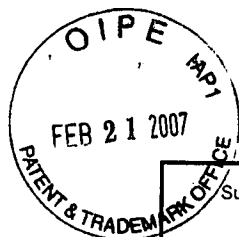
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



M. Henry Heines  
Reg. No. 28,219

TOWNSEND and TOWNSEND and CREW LLP  
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MHH:mtd



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/623,481
				Filing Date	July 18, 2003
				First Named Inventor	Lim, Jong
				Art Unit	1618
				Examiner Name	Young, Micah Paul
Sheet	1	of	1	Attorney Docket Number	015662-002100US

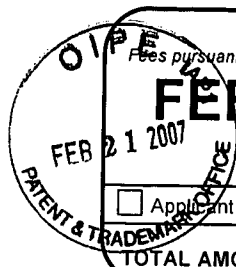
U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number <small>Number Kind Code<sup>2</sup> (if known)</small>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-4,786,505	11-22-1988	Lovgren et al.	
	AB	US-4,891,230	01-02-1990	Geoghegan et al.	
	AC	US-6,159,499	12-12-2000	Seth	
	AD	US-6,248,355	06-19-2001	Seth	
	AE	US-6,780,436	08-24-2004	Lopez-Cabrera et al.	
	AF	US-6,814,979	11-09-2004	Rudnic et al.	

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.Y./ (03/15/2011)

Examiner Signature	/Micah Paul Young/ (03/15/2011)	Date Considered	03/15/2011
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

**Complete if Known**

Application Number	10/623,481
Filing Date	July 18, 2003
First Named Inventor	Lim, Jong
Examiner Name	Young, Micah Paul
Art Unit	1618
Attorney Docket No.	015662-002100US

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
-20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
-3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Stmt

Fees Paid (\$)

180

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	28,219	Telephone	415-576-0200
Name (Print/Type)	M. Henry Heines	Date	February (23), 2007		